



# City of Wilder

520 Licking Plke  
Wilder, Kentucky 41071  
859-581-8884  
"An Equal Opportunity Employer"

## EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to political affiliation, disability, race, color, age, national origin, citizenship, religion, sexual preference, or other legally protected status.

### APPLICANT SECTION

(Please Print)

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cellular Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Previous Address – If at above address less than three years

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at your present address? Yrs. \_\_\_\_ Mos. \_\_\_\_

Are you legally eligible for employment in the U.S.? Yes \_\_\_\_ No \_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you available to work \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Provisional

What days of the week are you able to work? \_\_\_\_\_



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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate political affiliation, disability, race, color, age, national origin, citizenship, sex, religion, sexual preference, or other legally protected status.

Employer	Address	Telephone number
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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Employer	Address	Telephone number
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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Employer	Address	Telephone number
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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Employer	Address	Telephone number
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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REFERENCES

List name, address and telephone number of three references who are not related to you and are not previous employers.

NAME ADDRESS TELEPHONE NUMBER

NAME ADDRESS TELEPHONE NUMBER

NAME ADDRESS TELEPHONE NUMBER

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that this application does not constitute an offer of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed

Date